

(NOTE: This Form is Optional)

WITNESSES' AFFIDAVITS

STATE OF CONNECTICUT)
 :
COUNTY OF _____) ss. _____
 (Town)

We, the subscribing witnesses, being duly sworn, say that we witnessed the execution of these health care instructions, the appointments of a health care agent and an attorney-in-fact, the designation of a conservator for future incapacity and a document of anatomical gift by the author of this document; that the author subscribed, published and declared the same to be the author's instructions, appointments and designation in our presence; that we thereafter subscribed the document as witnesses in the author's presence, at the author's request and in the presence of each other; that at the time of the execution of said document the author appeared to us to be eighteen years of age or older, of sound mind, able to understand the nature and consequences of said document, and under no improper influence, and we make this affidavit at the author's request this _____ day of _____, 200____.

x _____
(Witness)

(Number and Street)

(City, State and Zip Code)

x _____
(Witness)

(Number and Street)

(City, State and Zip Code)

Subscribed and sworn to before me, by _____ and _____ the signing witnesses to the foregoing affidavit, on this _____ day of _____, 200____.

Commissioner of the Superior Court
Notary Public
My Commission expires: _____

(Print or type name of all persons signing under all signatures)